



OPEN RECORDS REQUEST

2700 Town Center Boulevard North

Sugar Land, Texas 77479

281-275-2730 / 281-275-2293 Fax

Email: citysec@sugarlandtx.gov

Date:	Time:
Name:	Street:
City, State:	Zip:
Home No.:	Email:
Daytime No.	Fax No.

In making this request I understand that the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I understand and agree that the information requested may be confidential or otherwise exempt from public disclosure in accordance with requirements of the Texas Public Information Act or by other governing laws and will be redacted. I further understand that a request for "no redactions" will be sent to the Office of Texas Attorney General for evaluation and ruling as to what portions of the requested information may be withheld and what must be released; such submissions can take forty-five (45) or more days from date of submission. Choose only one of the below and sign the request.

_____ I agree to accept the documents with confidential or non-public information redacted.

_____ I request all documents. I understand responsive documents may be sent to the Office of Texas Attorney General for review.

Describe the exact information you are requesting; include details that may help in locating the information, provide specific dates or beginning and ending dates. A letter estimate of cost will be provided prior to processing if the charge exceeds \$40.00.

REQUESTOR SIGNATURE: _____ **DATE:** _____

Office Use Only	Date Request Received
Date Information Provided: _____	
Type of Information Provided: _____	
Provided By: _____	